



# MISSOURI DEPARTMENT OF MENTAL HEALTH

DORN SCHUFFMAN, DEPARTMENT DIRECTOR



DEPARTMENT  
OPERATING  
REGULATION  
NUMBER

DOR  
6.010

CHAPTER Human Resources	SUBCHAPTER Employee Rights and Procedures	EFFECTIVE DATE 9/1/2002	NUMBER OF PAGES 2	PAGE NUMBER 1 of 2
SUBJECT Prohibition of Sexual and Other Harassment		AUTHORITY Section 630.050 RSMo.	HISTORY See below	
PERSON RESPONSIBLE Deputy Director, Human Resources			SUNSET DATE 7/1/2006	

**PURPOSE:** Prescribes prohibitions against and procedures to rectify sexual and other prohibited employment harassment.

**APPLICATION:** Applies to all department employees.

(1) As used in this DOR, the following terms shall mean:

(A) "Sexual harassment," unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;

2. submission or rejection of such conduct by an individual is used as a basis for employment decisions affecting the individual; or

3. such conduct has a purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

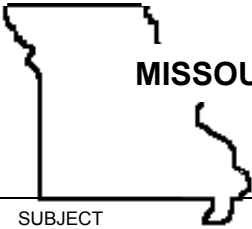
(B) "Other harassment," physical or verbal conduct that might be considered as a racial, ethnic, age, disability, religious, gender, or political slur and that has a purpose or effect of degrading or intimidating an individual, denying employment or promotion, unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

(2) Sexual and other harassment is specifically prohibited because it is unlawful and against Department of Mental Health policy. Employees who engage in sexual or other harassment in the workplace, as determined by the appointing authority after reviewing the totality of the circumstances, can expect disciplinary action up to and including dismissal.

(3) Each appointing authority shall post on the premises the department policy statement prohibiting sexual or other harassment.

(4) Each appointing authority shall make easily available to all employees the DMH Sexual or Other Harassment Complaint Form.

(5) Each facility shall announce during orientation and periodically during inservice training that sexual and other harassment in the workplace are not acceptable and will not be tolerated.



## MISSOURI DEPARTMENT OF MENTAL HEALTH

DORN SCHUFFMAN, DEPARTMENT DIRECTOR



DEPARTMENT  
OPERATING  
REGULATION  
NUMBER

DOR  
6.010

SUBJECT	EFFECTIVE DATE	NUMBER OF PAGES	PAGE NUMBER
Prohibition of Sexual and Other Harassment	9/1/2002	2	2 of 2

(6) Employees who believe they have been harassed or employees who perceive that harassment may be occurring in the workplace should report the incident to their supervisor (unless the supervisor is the alleged offender), other manager or administrator in their section, or to the Personnel Office. The report may be either verbal or can be filed in writing on the DMH Sexual or Other Harassment Complaint Form. Employees may also file complaints under DOR 6.090.

(A) If the employee's immediate supervisor is the alleged offender, the initial step in the complaint process under DOR 6.090 shall be bypassed, and the complaint shall be handled at the next step.

(B) Following receipt of a complaint, an immediate and thorough investigation will be initiated within five (5) working days. The investigator will interview the person that filed the complaint, the alleged offender and witnesses. To the extent possible, confidentiality of the accuser, witnesses and the accused will be protected against unnecessary disclosure. The alleged offender will be advised that he/she cannot retaliate against the complainant. If the investigator determines that sexual harassment has occurred, the facility will take action (up to and including dismissal) to ensure that the conduct is not repeated. The harassed employee will be informed that action has been taken, but not the specifics of the action.

(7) Instances of false accusation or testimony will be addressed appropriately and may include disciplinary action up to and including dismissal.

(8) Retaliation against employees who bring sexual or other harassment charges or act as witnesses is prohibited and should be immediately reported to the victim's supervisor (unless the supervisor is the alleged offender), other manager or administrator in their section or to the Personnel Office. Retaliation will be addressed appropriately and may include disciplinary action up to and including dismissal.

(9) Failure to comply or assure compliance with the provisions of this Department Operating Regulation may be cause for disciplinary action up to and including dismissal.

(10) Each year the Office of Human Resources will review DOR 6.010 based on court cases decided throughout the year to determine if changes need to be made based on decisions made at the Supreme Court Level. A report shall be submitted to the Deputy Director, Office of Quality Management.

*History: Original DOR effective July 1, 1982. Amendment effective July 1, 1996. Amendment effective August 1, 1998. Amendment effective July 1, 2002. Amendment effective August 15, 2002.*



STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
**SEXUAL OR OTHER HARASSMENT  
COMPLAINT FORM**

**FOR PERSONNEL USE ONLY**

FACILITY NAME

DATE

**INSTRUCTIONS:** Please fill in the blanks and submit the completed form to your supervisor, manager, other administrator or to your personnel office.

EMPLOYEE NAME AND JOB TITLE

ALLEGED OFFENDER NAME AND JOB TITLE

WORK MANAGER NAME

SUPERVISOR NAME

INDICATE DATE WHEN THE HARASSMENT FIRST HAPPENED

HAS IT HAPPENED SINCE THE FIRST OCCURRENCE?

☐ YES ☐ NO

IF YES, LIST NUMBER OF TIMES AND DATE OF MOST RECENT OCCURRENCE.

**If there have been witnesses to the harassment, please indicate name and job title of witness(es):**

NAME

JOB TITLE

DATE

NAME

JOB TITLE

DATE

NAME

JOB TITLE

DATE

**If you have told anyone else about this problem or if anyone else is aware, please indicate who:**

NAME

JOB TITLE

DATE

NAME

JOB TITLE

DATE

NAME

JOB TITLE

DATE

WHAT IS YOUR CHARGE OF HARASSMENT? IF YOU NEED MORE ROOM, PLEASE ATTACH ADDITIONAL PAGES.

I CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE